

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		APPROVED AMENDMENT		APPROVED AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		0		0		
6		0		0		
7		2		2		
8		2		2		
9		2		2		
10		1		0		
11		0		0		
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TOTAL IND.	2		2			
TOTAL DEP.	17		17			
TOTAL CLAIMS	19		19			

	DID	DEP	DID	DEP	DID	DEP
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